

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

AS-FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2	/		/	
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TOTAL IND.	3			
TOTAL DEP.	7	↔	↔	↔
TOTAL CLAIMS	12			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.			↓					
TOTAL DEP.		↔	↔	↔				
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

DIRECT AVAILABILITY COPY